

equally distinguished observer. We shall, therefore, merely note one or two observations of our author, and feel that we have presented his own theoretical views with sufficient fulness in our analysis of his introduction.

Smokers will be glad to know that Mr. Nunn does not believe that the tobacco-pipe can produce a cancer where the predisposition does not exist. An interesting feature is a cancer-map of England, showing the birth-places of patients suffering from the disease, and proving the statements of Mr. Moore and Mr. Haviland, that it is much more prevalent in the southern part of the island.

In this part of the book will also be found a very valuable summary of the views of many distinguished modern English and European authors. In an appendix, space is given to an exceedingly interesting abstract of the important discussion upon cancer at the London Pathological Society, in 1874, which is also conspicuous for the very widely different opinions expressed by some of the best men in the profession who took part in it.

It remains for us but to speak of the illustrations which conclude the volume. They consist of twenty-one coloured lithographs, six being portraits of the gross appearances in typical cases of cancer of the breast, while the remainder represent the microscopical appearances of cancer in various parts of the body. They are admirably executed, and are in keeping with the general appearance of the volume, which, with its good print, liberal margin, and heavy paper, is entitled to a place among the handsomest of recent surgical publications. S. A.

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ART. XXIII.—*A Manual of Obstetrics.* By A. F. A. KING, M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. etc. 12mo. pp. 325. Philadelphia: Henry C. Lea's Son & Co., 1882.

THIS small duodecimo volume is one of the smallest and most condensed of all the *multum in parvo* obstetrical treatises which have come under our observation in several years past. As it is confessedly prepared in large measure from the standard works of Professors Playfair, Leishmann, and Lusk, its merit as a manual depends very much upon the power of condensation possessed by its author, and the closeness of his adherence to the teachings of these three obstetricians. For an ability to convey instruction in few words, we will give Prof. King all due credit, as in this respect his little book is quite a success. We will, in our examination of it, however, point out a few sections which appear to require attention.

The cause and prevention of perineal laceration is treated by the author according to the views of some of our best writers; still he does not reach the root of the matter entirely. Why does the perineum give way? This is a question that has several answers according to circumstances. Take an actual case. A lady was five times delivered with care in this city by an able accoucheur, by the aid of the forceps, without any giving way of the perineum. On a sixth occasion she delivered herself hurriedly and alone of a small child, and tore her cervix open, and her perineum into the

rectum. Here the parts must have become lacerated, because they had not had time to perfect the softening process which takes place in them during the progress of labour. Although supporting the perineum, as formerly taught, may not be required, laceration may often be prevented by resisting the passage of the child during a pain or two, and at the same time cautioning the mother not to bear down. When violent uterine and abdominal contractions come on, with an irresistible inclination to bear down, the exit of the head must be resisted by the accoucheur, if he finds the perineum thinned under the pressure until almost on the point of giving way. After such a distension, the parts will yield with safety in a pain or two. After such a narrow escape, there is a second danger to be apprehended from the unequal pressure produced in the delivery of the sacral shoulder. Take another case. We have recently been consulted in one where rupture took place in the birth of a first child to such an extent as to tear up the rectum about three inches. The fœtus was a female of ordinary size, but the vulva of the mother was unusually small, and the vulvo-rectal space very short. Had the parts been pared and sewn up an inch and a half from the anus, the vagina would have been nearly closed. Besides a disproportion between the head of the fœtus and the vulvar outlet, there is the toughening of the parts produced by age; and in some instances a weakening of the tissues of the perineum. In the last event, claimed by many observers, there is no measure of prevention that will avail.

It is hardly worth while to mention the subject of symphysiotomy in a manual; but as the author has, we must correct him when he says, "that it has been abandoned and become obsolete," page 191. There were forty-nine operations as far as known in the world during the first era of this method of delivery, and there have been fifty in Naples since its revival in 1869.

Of the Casarean section he writes (page 192): "The percentage of maternal recoveries, *under the most favourable circumstances*, is roughly about fifty per cent. The results of statistics notably unreliable." In our own country the recoveries under the circumstances named have been seventy-five per cent. In Great Britain scarcely above the average of all their cases. The reliability of our American statistics is defended in a special article in this number. Those of Continental Europe are such as he claims.

The Porro operation is not such as he describes on page 195. He says: "The ovaries also are sometimes taken out." Porro calls his modification a "utero-ovarian amputation." The cervix is not transfixed and wired each way in the original operation, but surrounded by a wire loop tightened in the *serre-nœud* of Cintrat. The broad ligament also is not cut on either side of the uterus. The number of operations, as far as ascertained, is eighty-four, and recoveries thirty-seven.

For the relief of ante-partum hourglass contraction of the uterus, he does not mention the claim that has been made for success with the nitrite of amyl.

The volume is neat in appearance, well illustrated, and will answer as a remembrancer for students of medicine and those wishing to hurriedly refresh their memories on obstetrical manipulations and methods.

R. P. II.